

MODELS FOR SAFETY NET PROGRAMS

August 28, 2014

New Mexico's counties have the opportunity to design safety net systems that draw from the best practices of programs from across the country. This document provides a sampling of programs for the uninsured, highlighting those that strive to improve access and healthcare coordination.

KEY FEATURES

- **Health plans that offer free or deeply discounted care**
 - Patients become members of the plan (with the responsibility to renew annually or every 6 months).
 - Some plans charge premiums and/or co-pays, often using a sliding scale based on income.
 - Patients have access to a network of participating providers that offer free or discounted care.

- **Inclusive plans for the uninsured**
 - Eligibility is often based solely on income, residency, being uninsured and not being qualified for Medicaid.
 - Some plans offer enrollment **even if a person is eligible for the Exchange**. These patients will not be considered to have coverage and will face tax penalties through the ACA – giving them incentive to enroll in the Exchange rather than use the safety net. However, the safety net is still necessary because some people cannot afford Exchange plans, or they are not required to get insurance because they are Native American, nonresident immigrants, or face hardships.

- **Comprehensive services including behavioral health**
 - Healthcare is provided through a network of participating clinics and physicians that provide needed medical care.
 - Innovative delivery systems are possible, for example using mobile health clinics and telemedicine,¹ and supporting multi-service clinics that offer a range of healthcare and community services are in one location.²

- **Funded through partnerships & “shared responsibility” models**
 - Programs are operated by counties, hospital consortiums, or nonprofit agencies.
 - Rates are negotiated with providers and may include: capitated payments, volunteer services or reduced fees by the provider, patient copays or coinsurance, and grants or contracts for certain services (for example, providing a medical home).
 - Hospitals are often expected to provide free or discounted care because they receive federal, state or local funds for uncompensated care, or they are nonprofit hospitals that must provide “community benefits” to maintain tax exempt status.

¹ Id. at p. 7-9 and 12-14. See also Keller et al. Promising Practices in Safety-Net Clinic Design: An Overview, California Healthcare Foundation (March 2011).

² Quan et al. Designing Safety-Net Clinics for Innovative Care Delivery Models, California Healthcare Foundation (March 2011), p. 4-7.

- **Patient navigation and care coordination systems**

- Each patient is assigned to a primary care provider, clinic, and/or community health worker to provide care management.
- Care management includes patient navigation and advocacy, health education, referrals to specialty care and tracking referrals, help with understanding bills, linkages to social services support, and help enrolling public programs like Medicaid.
- Care coordination helps patients get “the right care at the right time” -- **improving health outcomes and lowering costs:**³
 - Project Access in Asheville, NC: cheaper than Medicaid for patient costs (by 25-50%) and for administrative costs.
 - CareLink in San Antonio, TX: Patient cost per month is cheaper than Medicaid and private insurance by 25-50%; Administrative costs are lower than Medicaid.
 - Healthy San Francisco: The 30-day hospital readmission rate is under 8% (compared to Medicaid rate of 19%), and diabetic tests exceeded national Medicaid averages. Patients reported infrequent ER use, little difficulty accessing care, and high quality care.⁴
- Note: In Minnesota, hospitals are required to contribute to the “Portico” case management system because it encourages primary care and reduces ER visits and hospitalizations for uninsured patients.

PROGRAMS (Note: information based on readily available public data and may not include recent change to programs)

Program & Location	Agency Type	Description	Fees & Membership	Eligibility Criteria	Services	Care Coordination	Provider Payments	Funding Mechanism	# People Enrolled
Healthy San Francisco <i>San Francisco, California</i>	County (San Francisco Department of Public Health)	Health plan for uninsured	No charges for anyone under 100% FPL. For everyone else, quarterly fee based on income (\$60 to \$450 per quarter), and copays may apply. Annual renewal.	Income under 500% of FPL. Cannot be eligible for any public health insurance program.	Patients can access primary, specialty, urgent care, ambulance, and ER services in their medical home network (incl. pharmacy, mental health and substance abuse services), provided by SF General Hospital and four other hospitals.	Each member chooses one of 30 clinics as a medical home that provides a clinician (ex: Physician, Nurse Practitioner) and care coordination. Each member receives ID card listing the person’s medical home.	HSF medical homes get negotiated payments in form of grants. The amount is based on the range of administrative and healthcare provided. No payment to participating nonprofit hospitals.	\$121 million in expenditures - \$90 million comes from City and County. The remaining \$36 million from federal government (\$19M), employers (\$14M), and participant fees (\$3M). Also an employer fee.	51,150 people out of 60,000 uninsured (in 2012) = 80% uptake

³ Hall et al, Model Safety-Net Programs Could Care for Uninsured a One-Half the Cost of Medicaid or Private Insurance; Health Affairs, 30, no.9, (2011): 1698-1707; <http://content.healthaffairs.org/content/30/9/1698.full.html>.

⁴ Healthy San Francisco, Annual Report to the San Francisco Health Commission (Fiscal Year 2012-2013), available at: <http://healthysanfrancisco.org/wp-content/uploads/2012-2013-HSF-Annual-Report.pdf>.

Program & Location	Agency Type	Description	Member Fees & Renewal	Eligibility Criteria	Services	Care Coordination	Provider Payments	Funding Mechanism	# People Enrolled
DC Health Alliance <i>Washington DC</i>	DC Dept of Healthcare Finance & Human Services	Public insurance program (similar to Medicaid)	No charges	Income under 200% FPL. Cannot be eligible for Medicaid or enrolled in third party medical.	Comprehensive services, but <u>does not include</u> vision, dental, behavioral health, non-ER transportation, long term care, open heart surgery or transplants.	Each member is assigned to a Managed Care Organization to coordinate care.		\$40 million program funded solely by local tax dollars.	24,000 (in 2011)
Harris County Gold Card Program <i>Harris County, Texas</i>	Harris Health System (hospital district is a political subdivision that was created by voter referendum that owns all city-county hospitals)	Indigent Care Program	No premiums or member fees. Co-pays apply and are based on income.	Income under 300% FPL. County Residents only. Cannot have other health coverage.	Patients have access to primary care, emergency services, specialist care, pharmacy, & dental provided by the Hospital District (16 health centers, 6 school based centers, dental center, dialysis center, mobile health units, 2 hospitals)	Each member is assigned to a community health clinic for primary care.		Property Tax, DSH payments, and revenue from patient payments.	
New York Health and Hospitals Corp (HHC) <i>New York City, NY</i>	Health and Hospitals Corporation (consortium of four hospital systems)	Hospital charity care programs (required by state law)	No fees and \$15-\$20 copays for most care. "Artists to Access" – if uninsured, can paint or sing for patients and receive credits to pay for care.	Income under 300% FPL. Must be Uninsured and not eligible for Medicaid or Exchange.	Comprehensive network including home health, school based health centers, mobile medical office	Hospitals got waiver through Medicaid to focus on delivery system reform. They found 100 potential partners to focus on healthcare access and care coordination.		Mostly paid by federal DSH funds for hospital (\$893M), but hospitals could lose this money due to ACA changes.	

Program & Location	Agency Type	Description	Member Fees & Renewal	Eligibility Criteria	Services	Care Coordination	Provider Payments	Funding Mechanism	# People Enrolled
Portico Health Net <i>Hennepin, Ramsey and Washington Counties, Minnesota</i>	Nonprofit	Discount care management program	Each household pays a sliding scale, monthly fee \$25-\$50. Copays for non-preventive visits. Patient pays 25% coinsurance.	Income under 275% FPL	Prevention-based coverage (primary care, urgent, specialty, mental health, pharmacy), through provider networks aligned with one of the program's nine participating hospital systems	Navigation to help with health management understanding bills, social services, patient advocacy, referrals to specialty care, mental health management, and enrollment in Medicaid and Exchange.	Payment for hospital-based procedures, such as x-rays and MRIs, is at a hospital-negotiated rate (typically 110 % of the Medicaid rate).	Over \$2 million of investment by all hospitals, government, health plans, United Way and private and corporate foundations.	1,429 people (in 2013)
Nevada Access to Healthcare Network Nevada	Nonprofit	Discount medical plan for the uninsured.	Monthly fee of \$35-\$40 for adults and \$10 for children. Additional fees at the time of service are capped, based on income.	Income from 100-250% FPL. Available to anyone "not legally required" to get covered under ACA.	Greatly discounted care from network of 2,000+ providers including primary care, specialists, behavioral health, clinic, hospitals, dentists, optometrists, radiology, surgery and pharmacy.	Every patient is assigned a Primary Care Physician & "personal care coordinator" to call whenever a service is needed, and is told how much the service will cost.	Hospitals & providers give reduced rates. Walmart is contracted to provide drugs at 30% cost. Patients pay providers (plan <u>cannot</u> directly pay providers).	"Shared responsibility": providers offer reduced rate, government funds for plan administration. Patients pay for ½ of operating costs. "Patient Care Fund" helps patients by donations.	26,000 people
MaineHealth Care Partners <i>Cumberland, Lincoln, Waldo and Kennebec counties, Maine</i>	Nonprofit that operates over three counties.	Donated health services to uninsured and low-income residents	No fee except providers not affiliated with hospital can charge \$10 (most waive fee). Also \$10 to \$25 copay for pharmacy.	Income under 175% FPL. Cannot be eligible for employer plan (unless it costs more than 5% of income.)	Patients can visit hospital-affiliated physicians, NP, and PA, and receive hospital and home care services.	Patients are assigned to participating providers. Only 2 to 3 patients assigned to any given provider at a time.	A network of over 900 volunteer physicians and 8 hospitals provide care. Over 2/3 of local providers participate.		1,000 people (capped)